### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JUL 24 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)Joseph I	R. Murray		DEPARTMENT OF S
II. Name of lobbyist's partnership	, firm or corporation, if any:		
-FMR LLC			
(Name of partnershi	p, firm or corporation)		
One Spartan Way Business Address: (Street)	Merrimack (Town/City)	NH (State)	03054 (Zip Code)
(603) <u>791-5727</u> (Telephone)	(Fix)	e-mail _joseph.m	nurray@fmr.com
III. This statement covers: (Choos reportable expense transactions w	e one – file separate reports for (	each client, OR you ma	
All reportable transactions occur	rring in the months prior to the rep	orting date relative to the	e following client:
FMR LLC			
OR (Full Name o	f Client as it appears on the Lobbyist F	Registration Form)	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of		July 26, 2017 <b>/</b> vity from 4/1/17 to 6/30/17	
October 25 activity from 7.	•	January 31, 2018 [] vity from 10/1/17 to 12/31/	17
V. There have been no fees recolf this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports are			
	de expenditures, you must file Add		
Expense Reimbursement	or reimbursed expenses, you must	. Hie Addendum B– Rep	ort of Honorariums of
If you, your firm, or your family	has made political contributions,	you must file Addendur	m C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS, and complete to the best of my know (Signature of lobbyist)  Joseph R. Murray (Print Name of lobbyist)	A 14-C and RSA 664 and hereby s	wear or affirm that the form $\frac{7}{20}$	

# P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Joseph R. Murray	DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corporation, if any: FMR LLC	
(Name of partnership, firm or corporation)	
III. Name of Client FMR LLC	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services sess fee amount reported shall not be
a) Total of all fees received in this reporting period	<sub>a)</sub> \$ 6,750.00
b) Total of all fees received this calendar year, prior to this reporting period	a) \$ 6,750.00 b) \$ 7,155.00
(This should equal the total of all prior monthly reports for this calendar ye	ar)
c) Total of all fees received to date (Add lines a and b)	c) \$ 13,905.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reportance purchase not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business s than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	7/20/17 (Date)
Joseph R. Murray	
(Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Joseph R. Mu	rray	NEW HAMBOT DEPART MENT OF
II. Name of lobbyist's partnership, firm o		
(Name of partnership, firm or corpo	ration)	
EMPLIC	,	D-4-
		Date
Political Contributions For each political contribution that is repore client/lobbyist and lobbying firm, indicate		er 664 paid on behalf of the
Full name of candidate: Bradley, Jeb		
(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 150.00	Office Candidate is	Seeking NH Senate
Full name of candidate:(Last Name)	(First Name)	(Middle Name/Initial)
		(Middle Name/Initial)
Amount of contribution \$	Office Candidate is	Sceking
Amount of contribution \$  If the contribution is an in-kind contribution, practual cost of the in-kind contribution on the line.	Office Candidate is rovide a description of the goods the above for amount of contribu	Seekings or services provided, and enter the
Full name of candidate:  (Last Name)  Amount of contribution \$	Office Candidate is rovide a description of the good ne above for amount of contribue."	Seekings or services provided, and enter the

(Print Name of lobbyist)

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